

TIME

THE OPIOID DIARIES

Photographs by
JAMES NACHTWEY





A T I M E S P E C I A L R E P O R T

About this issue

THE OPIOID CRISIS IS THE WORST ADDICTION EPIDEMIC IN U.S. HISTORY. Drug overdoses kill nearly 64,000 people per year, and the nation's life expectancy has fallen for two years in a row. But statistics alone can't tell the story. TIME commissioned veteran conflict photographer James Nachtwey to document this crisis over the past year through the people living it every day. Along with TIME's deputy director of photography, Paul Moakley, Nachtwey traveled across the country gathering stories from users, families, first responders and others at the heart of the epidemic. On the pages that follow, his images are paired with voices from Moakley's interviews, which have been edited. The result is the Opioid Diaries, the first issue in our 95-year history devoted entirely to one photographer's work. This is a visual record of a national emergency—and it demands our urgent attention.

The Opioid Diaries on TIME.com

Visit time.com/opioids for an expanded digital edition of this special report, including:

Photography

See Nachtwey's complete portfolio of pictures from his reporting from across the country

Video

Watch short documentaries about the lives behind the Opioid Diaries

Voices

Read firsthand accounts of loss and resilience from contributors, including the Rev. William Barber; writers Mimi O'Donnell, Kay Warren and Elizabeth Wurtzel; photographer Nan Goldin; musicians Flea and Macklemore; and others

Resources

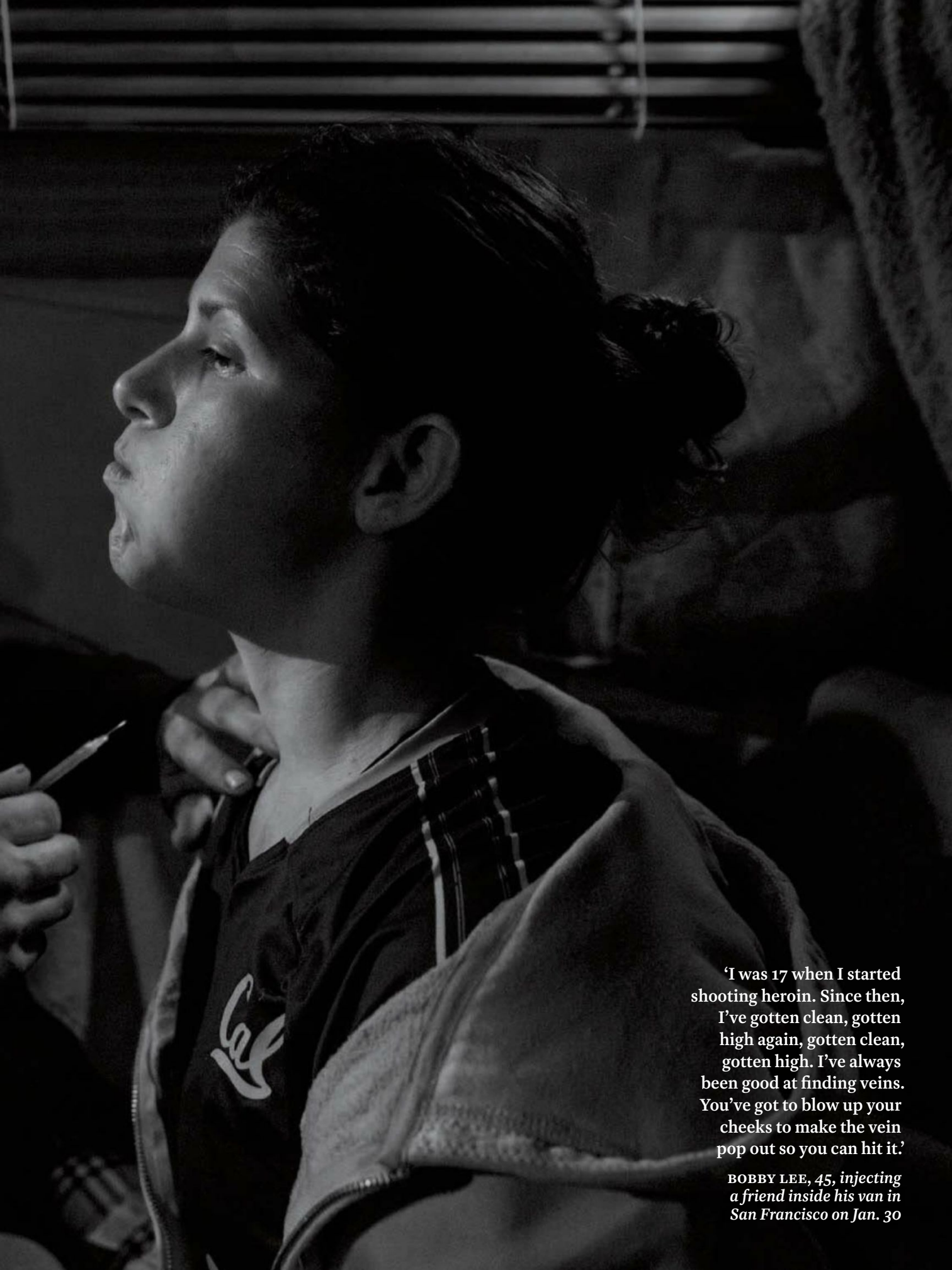
Access a guide to finding help for those struggling with addiction

On the cover:

An unidentified drug user injecting himself in San Francisco on Jan. 31

Photograph by
James Nachtwey for TIME





'I was 17 when I started shooting heroin. Since then, I've gotten clean, gotten high again, gotten clean, gotten high. I've always been good at finding veins. You've got to blow up your cheeks to make the vein pop out so you can hit it.'

BOBBY LEE, 45, injecting a friend inside his van in San Francisco on Jan. 30

‘I got in a car accident and
three or four months. At fi
as prescribed, as needed. I
I began taking more than I
a family member introduc
actually cried at first beca
All it takes is one time.’

CASSAUNDRA BLASINGAME, *from New London, Ohio*

was in the hospital for
rst, I took it for the pain
started to like the buzz so
was supposed to. Then
ed me to heroin, and I
use I didn't feel any pain.

'Heroin grabs ahold of you, and it won't let go. It turned me into somebody I never thought I would be.'

CHAD COLWELL, 32, being revived by EMS workers after overdosing in his truck in Miamisburg, Ohio, on July 4, 2017. He says this, his fourth overdose, led him to seek treatment





‘It’s not just the guy who’s his life. It’s airline pilots. It there’s law enforcement, fi on it. It’s Joe Citizen that is

GUST ANDREW TEAGUE II, a deputy sheriff in Montgomery County, Ohio, one of the hardest-hit areas in the country

never worked a day in
's teachers. I'm sure
remen out there hooked
dying.'





*'After Michaela died,
I saw it clear as day.
They're not only
destroying themselves,
they're destroying us.'*

*CHERYL SCHMIDTCHEN,
67, being consoled
at the funeral for her
granddaughter Michaela
Gingras in Manchester,
N.H., on Sept. 17, 2017.
Gingras, a heroin user,
was 24*

The Opio Diar

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● Photographs by James Nachtwey
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SPECIAL REPORT

From the Editors

“THE FACT THAT HE’S STILL ALIVE MEANS THAT THERE’S HOPE,” SAYS KRISTINA BARBOZA from her living room in East Wareham, Mass., 50 miles and a world away from where her 31-year-old son Billy sleeps beneath a Boston overpass. In Huntington, W.Va., firefighter Larry Kishbaugh—haunted by the countless overdose scenes he has rushed to—has been diagnosed with posttraumatic stress disorder. Inside a holding cell at the Kenton County, Kentucky, detention center where drug users are left to detox, 29-year-old mother Kayla Rauck wonders if she’ll ever see her children again.

It is hard to fathom, and bitterly ironic: the depth of the suffering caused by drugs whose ostensible purpose is to alleviate pain. Statistics offer a partial view of the wreckage. In 2016 alone, nearly 64,000 Americans died from drug overdoses—roughly as many as were lost in the entire Vietnam, Iraq and Afghanistan wars combined. The U.S. is the world’s richest country, and yet its life expectancy declined in both 2015 and 2016. More than 122 people die every day from syringes of heroin, gelcaps of fentanyl, an excess of oxycodone. Far more come close, but are revived by naloxone, a lifesaving antidote that has become nearly as critical to a cop’s job as handcuffs.

But numbers aren’t neighbors, and it is far too easy to become numb to their scale. We are in the midst of a national emergency that affects every state, every income group and virtually every age. While the burden has fallen disproportionately on the least-educated Americans, tens of millions of us are no more than one degree of separation from someone struggling with addiction. As Walter Bender, a deputy sheriff in Montgomery County, Ohio, put it, “It reaches every part of society: blue collar, white collar, it reaches everybody.”

Pharmaceutical companies helped spark this epidemic by aggressively marketing opioids as low-risk solutions for long-term chronic pain. We now know that they’re anything but

low-risk—and yet drugmakers have continued to push opioids and reward doctors who prescribe them. Attempts to crack down on prescriptions have helped, but Americans are still prescribed far more opioids than anyone else in the world—enough for almost every adult in the country to have their own bottle of pills.

Political efforts in Washington have also been insufficient. In October, the White House declared a public-health emergency but did not grant any additional money for the crisis. The position of drug czar remains unfilled, and a limit on Medicaid reimbursements for large facilities remains in place, though the President's own opioid commission suggested that lifting it would be “the single fastest way to increase treatment availability across the nation.”

This issue of TIME, the first in our 95-year history devoted to the work of a single photographer, is an effort to go beyond charts and policy. Over more than three decades, James Nachtwey has photographed war, famine and terror around the world for TIME. He was at the Twin Towers as they crumbled on Sept. 11 and in Baghdad as American tanks rolled in. His haunting images of withered bodies in Somalia put a spotlight on starvation there, helping save 1.5 million people. Nachtwey goes where others desperately try to flee, enduring gunfire and grenades out of the belief that the only way to stop the suffering is by bearing witness to it.

Last year, we asked Nachtwey to bear witness to a pressing human crisis in his home country. He and TIME's Paul Moakley spent months on the streets of Boston and San Francisco, on patrol with first responders in Ohio, New Mexico and West Virginia, inside jail cells in Kentucky, funerals in New Hampshire and prayer meetings in Massachusetts. In all, they made thousands of pictures and videos and conducted more than 200 interviews. On the pages that follow, Nachtwey's images are paired with voices and stories from the people on the front lines. The result is a human accounting of the toll opioids are taking on American life, the people behind the statistics.

**The pain
is deepest
for the
families
of users**

FROM HIS MOTHER'S KITCHEN TABLE IN MIAMISBURG, OHIO, CHAD COLWELL, 32, TALKED about how quickly the cycle can begin. “I played football in high school, and my knee and my back got injured,” he said as his 3-year-old daughter played outside. “I got prescribed painkillers, Percocet and OxyContin, and then it just kind of took off from there.”

Prescriptions gave way to cheaper, stronger alternatives. Why scrounge for a \$50 pill of Percocet when a tab of heroin can be had for \$5? Synthetic opioids, which have flooded into the U.S. from high-volume labs in China and Mexico, are even more potent—and

a potentially fatal dose costs less than a Big Mac. On July 4, emergency workers saved Colwell after he overdosed in the driver's seat of his truck. He says it was his fourth OD.

Inside a rehab facility in West Virginia, Jason Burgard told of a similar spiral. "When the pain gets great enough, you get so desperate just to feel okay, just to feel right," says Burgard, who is nearing 10 months of sobriety after years of addiction and relapses. "A lot of people say drugs or alcohol eventually stop working, that they don't cover up pain as well toward the end. But heroin works. Heroin does its job."

The toll is also high for those who deal with what happens after the heroin does its job. Fire departments have been transformed into mobile emergency rooms. Police now carry drugs that block the brain's opioid receptors, lest they themselves drop dead from an accidental sniff of confiscated Carfentanil. High schools have started to stock up on naloxone, with principals getting trained to administer the emergency drug.

"Our job has changed completely in the last seven to 10 years," said Jan Rader, the fire chief of Huntington, W.Va., in January, one day after her department was called to three overdose deaths. "We learned how to fight fire and cut people out of cars, but it's not going to go back to that."

For some first responders, the recurring calls to the same addresses, the same victims, have created a calloused distance. For others, it has had the opposite effect. "We've become like hospice nurses," says Rader's colleague Kishbaugh, the firefighter diagnosed with PTSD. "We've hardened ourselves against severed limbs and burnt bodies, but it's eating me up seeing the kids."

The pain is deepest for the families of users, whose lives are swept up in a cycle of fear and hope, shame and despair. They try to cope, but often never escape. "I felt embarrassed, like 'What did I do?'" says Justine Gingras-Gagnon, whose 24-year-old daughter Michaela struggled with addiction before she died in September. "Even though she was drug-addicted, she was just so alive. She was funny, she was smart. She was a 5-ft. 1-in., 103-lb. dynamite."

The actor Philip Seymour Hoffman, who fatally overdosed after years of battling addiction, left behind a family. "When Phil died four years ago, I was so overwhelmed, vulnerable and cracked open that anger became my protective shield, the only thing between me and collapse," wrote Hoffman's wife Mimi O'Donnell, in an essay for this project. "I wondered if I had talked to more people, asked for more help—screamed louder—if it would have saved his life."

Billy Merrifield, a captain with the Rio Arriba County sheriff's office in New Mexico, knows that feeling well. He has spent his career saving lives—but was unable to save his own daughter. "I've experienced a ton," he says, "but you can't prepare for it when it comes to your own child."

IN THE ABSENCE OF A MAJOR NATIONAL INITIATIVE, PEOPLE ACROSS THE COUNTRY HAVE gone to extraordinary lengths to help where they can. They bring food, medical supplies and clean needles to kids living on the streets of San Francisco, in the shadow of the tech world's billionaire dream factories. They work to steer people into treatment programs and out of the overburdened and ill-equipped prison system. They adopt their own grandchildren—or foster kids whose own families can no longer care for them. They open their own homes to pregnant users, offering them a reason to believe that their life—and their child's—can be different.

Kristina Barboza is one of thousands of parents clinging to that belief. “There are miracles that happen every day,” she says. “There are people who have gone down so far and have found their way out.”

Finding a way out will not be easy, particularly at a time of partisan division when national will is so hard to muster. But the need to act is urgent, and the map is increasingly clear: first, we need to recognize that addiction is a disease. The opioid epidemic must be seen as a public-health crisis rather than a moral failure. That means expanding access to medically assisted treatment and counseling, which is widely considered to be the most effective method of getting people off of opioids for good, yet is available to far fewer

people than all those who need it. We must enhance efforts to reduce the supply, through the work of law enforcement, by regulating lawful prescriptions and by encouraging other strategies for managing pain. And, finally, we need to confront problems such as the growing economic divide, unaffordable health care and the diminished employment opportunities for those without a college degree who are helping fuel demand in the first place.

An effort of this order will be a massive undertaking. It will require cooperation between the federal government, local officials, law enforcement and public-health

leaders—and far more money than has been set aside so far. In early February, Congress allocated \$6 billion to help—experts in the field say the amount needs to be at least 25 times that to make a permanent dent.

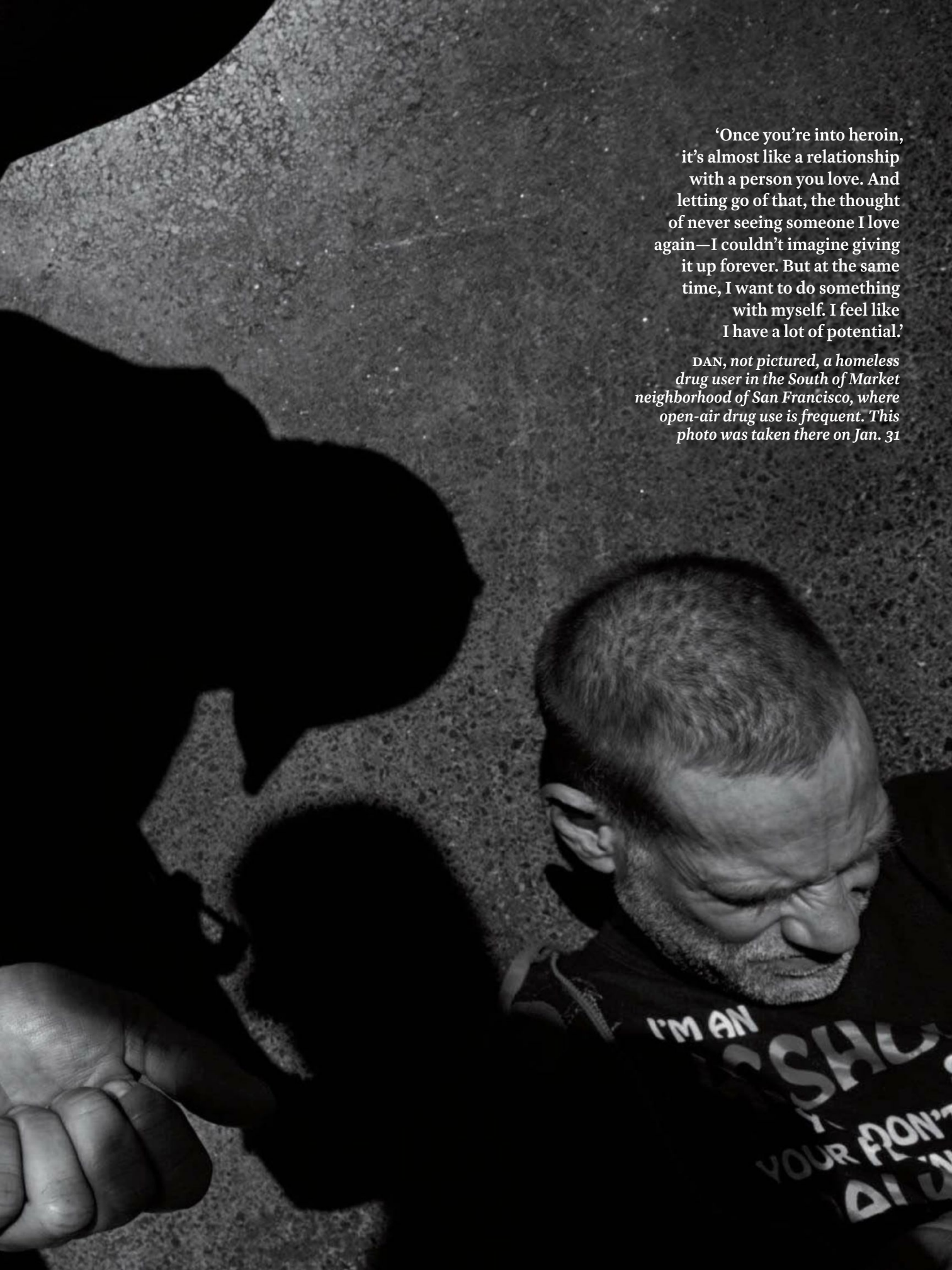
To see the faces and hear the stories of those with the most at stake is to begin to reckon with the crisis. As Nachtwey once put it: “We must look at it. We’re required to look at it. We’re required to do what we can about it. If we don’t, who will?” □

The result is a human accounting of the toll opioids are taking

I.

Descent
Living with
addiction





'Once you're into heroin,
it's almost like a relationship
with a person you love. And
letting go of that, the thought
of never seeing someone I love
again—I couldn't imagine giving
it up forever. But at the same
time, I want to do something
with myself. I feel like
I have a lot of potential.'

DAN, not pictured, a homeless
drug user in the South of Market
neighborhood of San Francisco, where
open-air drug use is frequent. This
photo was taken there on Jan. 31



IN PUBLIC Clockwise from top left: Two men sharing drugs under a truck in Boston on Jan. 14; a man huddling against the cold as he injects in Boston on Jan. 13; two women openly using on the streets in San Francisco on Jan. 26; and John readying a needle



I am an addict

BY JOHN

I HAD A CAREER IN SALES IN THE AUTOMOBILE business. I was making a lot of money, upwards of a \$100,000 a year. I always messed around with, you know, drinking, pot, but it never truly affected me.

Then I started up with the OxyContin. Opiates are a whole different ball game. You don't really get hung over from them. It's an amazing feeling, that warm hug from Jesus. It started as a once-in-a-while thing. But I began telling myself, "Well, if I can feel this good on Friday and Saturday, why shouldn't I feel this good on Tuesday and Wednesday?"

And then the price started going up, and all of a sudden they're \$80 a pill. At this point, I've got a six- or seven-pills-a-day habit. I wouldn't get out of bed without one. I always knew about heroin, but it was a line I didn't want to cross. But, you know, the ship had already sailed. An opiate's an opiate's an opiate. The heroin was so much cheaper. I started shooting it, and it's been like that for probably 15 years.

When you're dope sick, like bad, you're not making your own decisions no more. Your decisions are made for you. They say it's like a bad flu. But it's so much worse than that. You get achy bones, zero energy, intestines are all roughed up, you're throwing up out of both ends. And the buildup to how sick you're going to get and how shitty you're going to feel makes the anxiety, like, through the roof.

I'm not trying to die, contrary to people's belief. I'm not trying to kill myself. I'm just an addict.

JOHN, lower left, 49, preparing to inject in the bathroom of a restaurant in Boston on Jan. 12





'You can't dispel stigma with billboards. You can't dispel stigma with hashtags. What's happening right now is exactly what happened during the AIDS epidemic. We didn't learn our lessons.'

SARAH MACKIN, *not pictured*, director of AHOPE, a city harm-reduction and needle-exchange program in Boston. The initiative helps drug users like this woman, who goes by Jen. She was photographed struggling to inject herself in the freezing cold on Jan. 14



'I want my daughter. I shouldn't have used with her. But I was too late.'

RACHEL HOFFMAN, who says she was six months pregnant when this photo was taken in Dayton, Ohio, on July 2, 2017. After prematurely giving birth, she lost custody of her newborn girl. Hoffman, 35, says she is now in recovery



‘I bought this house 20 years ago, finished raising my kids and raised my grandkids here. I’ve got to get out of here. This place is terrible. I don’t even do drugs, and I went through hell over them. Drug users want money, money, money, money. And if you don’t give it to them, they try to tear up everything you got.’

RITA MCLEARRAN, not pictured, whose brother Roger McLearran, 61, is pictured being transferred from a bedsheet to a stretcher after overdosing in her Dayton, Ohio, home on July 2, 2017. He had been living with her at the time

‘His parents just live the next road over, and he’s not allowed to be there. Every time we’ve passed their house, he’s breaking his neck trying to see if he can just get a glimpse of them outside. So he’s got the conscience to know what he’s doing and what he’s losing. But he says the partying’s more important.’

DARRELL JORDAN, 51, not pictured, who lives in Miamisburg, Ohio. Jordan’s family has tried to help the man, center, known in the neighborhood as “Bike Mike,” by hiring him for odd jobs. Police said he appeared to be having a drug-induced episode on July 4, 2017





I am a mother

**BY KRISTINA
BARBOZA**

BILLY STARTED USING SUBSTANCES AT a young age. He was probably around 12, 13 when he started dabbling in smoking pot, drinking alcohol. Then he started with opiates. As a parent, you don't learn about these things, a lot of times, until after they've happened. He was in and out of treatments, in and out of jail. He quit high school when he was about 16.

It really hasn't been until more recently that I've kind of come out in terms of talking about Billy. Because for so long, I did feel embarrassed. People would ask me, you know, "Oh, so how many kids do you have? What are they doing now in their lives?" And it was almost like, "Ugh." But more recently I'm like, "Yeah, I have two children. Yes, my son is addicted. Yes, currently he's homeless." I try not to say that with shame. But it's very difficult.

I don't give up hope. The fact that Billy's still breathing, the fact that he's still alive means there is hope. There are miracles that happen every day.

BARBOZA, 52, not pictured, lives in East Wareham, Mass. Her 31-year-old son, Billy, far right, is pictured in Boston with other drug users on Jan. 14





‘Before we could always
kind of do this “othering”:
It’s that kind of person, it’s
not me. But now it is me.
Now every community can
say, It’s in my community.’

MARY HOWE, *not pictured*, who
leads the Homeless Youth Alliance
in San Francisco. The organization
provides counseling, health care
and medical supplies including
syringes to users like these,
photographed on Feb. 1





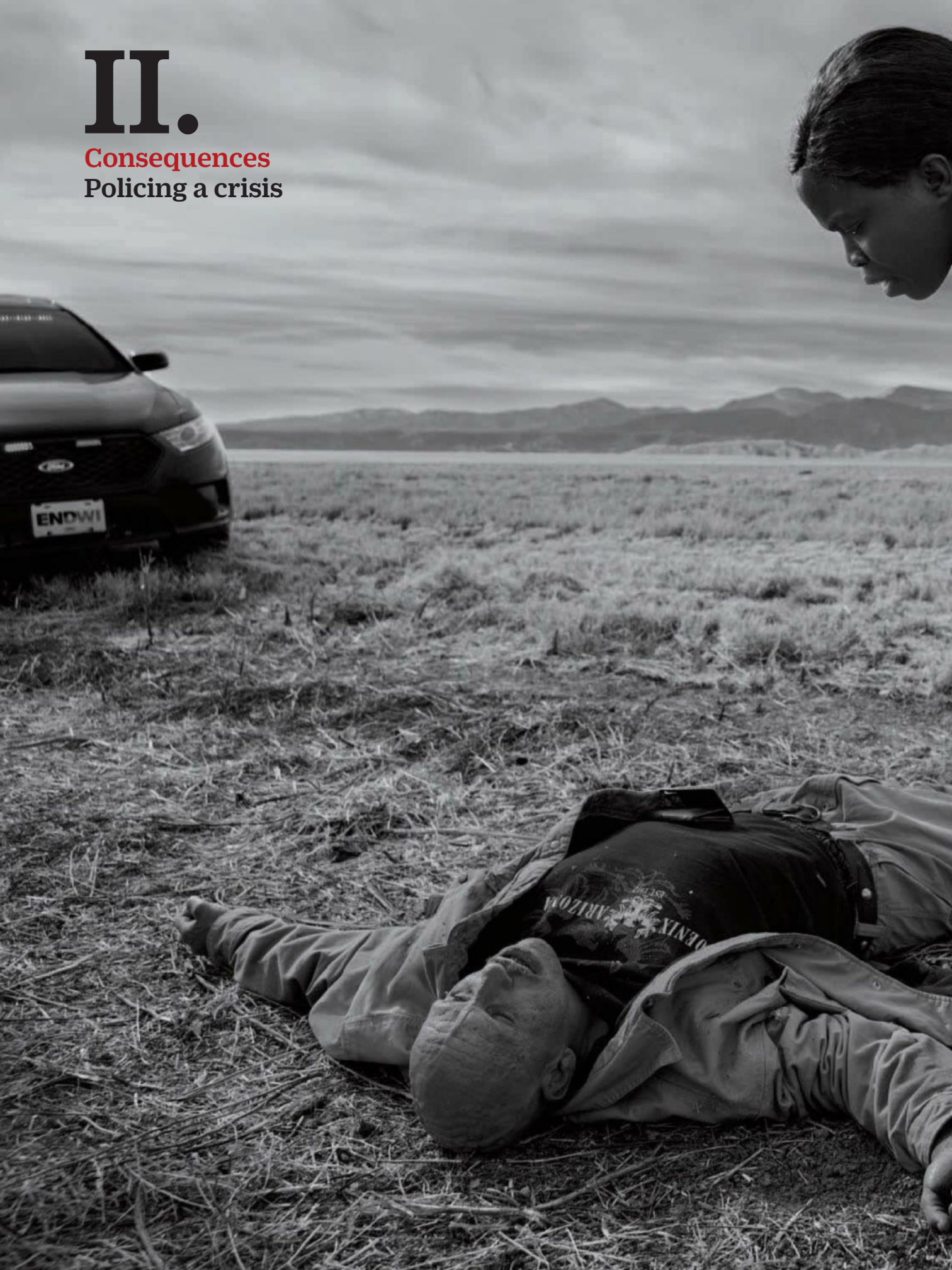
‘If there was a terrorist tha
Montgomery County toda
or 25 or 10 for that matter,
be in an uproar. There wou
to stop it. That’s exactly w
But who’s showing up to st

BRUCE LANGOS, executive director of the Criminal Intelligence Center at the Montgomery County sheriff’s office in Dayton, Ohio. Langos, a retired executive, has been using data analysis to help local law enforcement address the crisis

t showed up in
y and shot 50 people,
this community would
ld be an army here trying
here we are with opioids.
op it?’

II.

Consequences
Policing a crisis





‘When we first came across him, he was facedown. We rolled him over and he came to pretty quickly, but he wasn’t what you would call conscious.

He believed he was in some sort of church, and he said 1916 was the year. We kept him alert, asking him questions, until the EMS came and took him. This sort of thing happens so often, it’s sad to say it’s on to the next once they are out of our care.’

DOROTHY ONIKUTE, 33, a deputy sheriff with the Rio Arriba County sheriff’s office, responding to an overdose call on Feb. 4, on the side of the road in Alcalde, N.M.

I am a lifesaver

**BY PHIL
PLUMMER**

FENTANYL'S A SYNTHETIC SUBSTANCE. It's made in superlabs in China and Mexico. It's so much more addicting than heroin, and it's easier to produce. The problem is that it's so powerful it's killing people.

You have dealers literally sitting at their kitchen table stuffing a gel capsule full of fentanyl and whatever they can put in it to stretch the product. They call them testers. They'll put whatever product they want in the gelcap. If they can get their hands on carfentanil, which is 100 times stronger than fentanyl, they'll use it as a tester. And they'll give you some free samples to see how you like them.

Unfortunately it's so addicting that if you die, addicts want to go to that dealer to get that more potent compound. It's unbelievable. They're chasing the next best high. They're not worried about dying. It changes your brain chemistry where death doesn't faze you, death isn't a fear anymore.

PLUMMER, not pictured, is the sheriff of Montgomery County, Ohio. He works with deputy sheriff Gust Andrew Teague II, 42, photographed handcuffing two unidentified men suspected of drug possession in Dayton, Ohio, on June 29, 2017







DRUG BUSTS Clockwise from top left: An officer making an arrest in Huntington, W.Va., on Jan. 22; Rocky Johnson, far left, a captain with the Huntington police department, talking with a suspect on Jan. 22; law enforcement in Dayton, Ohio, on July 25, 2017; Kent Saunders, a detective with the Montgomery County sheriff's office in Dayton, Ohio, on June 30, 2017



I am an officer

BY WALTER

BENDER

DAYTON IS ROUGH. I'VE BEEN HERE FOR 11½ YEARS, AND it's declined. The poverty level's pretty bad. But opioids reach every part of society: blue-collar, white-collar, everybody. It's nonstop. It's every day. And it doesn't seem like it's getting any better.

You get a thick skin over time—either you get it, or it's going to eat you alive eventually. You kind of become cold to seeing somebody overdose. As an officer, you bury it away. A lot of us do that. That's how we cope. Your emotional attachment to that person that you don't know is you don't have one. It becomes easy to talk about the drug and not talk about the person, to say, "Yeah, just another one."

But seeing the families that are affected, actually seeing them on the scene, trying to care for their loved ones or friends. And the things that they do to try to revive them, and they can't, and they're waiting on us or the medics to get there. To see that, to see the children involved, the heartache, it's overwhelming.

You get numb, but you also learn not to give up. Just because you're going to the same person's house for maybe the eighth time in two weeks, you can't give up. You never know when it might be the time they actually say, "Hey, I need to go get treatment." And now we're carrying Narcan [the brand name for naloxone, an overdose antidote] for the first time. You give somebody Narcan, you give them a second chance at life. How many times do we have to give it to them to give them a chance? There shouldn't be a number. It's not up to us to play God.

As law enforcement, you're sworn to protect and serve. So I talk to everybody out here. They might not want to talk to me, but I'm talking to them. I don't just brush by them. They're a human being. A lot of things are lost in the world today and humanity is one of them.

BENDER, not pictured, is a deputy sheriff with the Montgomery County sheriff's office in Dayton, Ohio



‘They want me to be clean. I want to be clean.
It’s just wanting and doing is so foreign.’

TASHA TAGUACTA, being revived after overdosing on the front porch of her home in Dayton, Ohio, on June 29, 2017. Taguacta, who later said she wanted to recover for her kids, died on Nov. 9, 2017, from an accidental overdose of fentanyl, acetylfentanyl and heroin. She was 38





‘I don’t want people to forget him. The good and the bad. He was getting his life in order. He had plans. He was looking toward the future. I just don’t understand. I don’t know if he was just tired of fighting it. It’s a horrible, horrible thing for parents to go through. For a family to go through.’

TINA SHORT, not pictured, whose son Christopher died from an accidental fentanyl overdose photographed in Dayton, Ohio, on July 23, 2017. He was 29



**‘I just pray that this is
a wake-up call to him
because I can’t do it.
I can’t do it.’**

*SHILAH JONES, 41, minutes after her former boyfriend’s
overdose in her Dayton, Ohio, home on July 3, 2017*

‘That morning, it’s numb. I mean you can only see so much. I’ve been on the street since basically right after the epidemic started. When the overdoses started, they would send a detective out. It was like, “Oh my, an overdose, a death.” But it’s got to the point where they don’t send detectives out. They weren’t going to send detectives out on overtime because we were getting three or four of them a day. I hate to say this, but it became commonplace.’

DAVID STATZER, right, 48, a sergeant with the Montgomery County sheriff’s office, responding to an overdose call at a Dayton, Ohio, motel on July 4, 2017. The man, left, died of an accidental carfentanil and cocaine overdose





‘If your family member is s
love them. Don’t fight them
And for the love of everyth

*ANGELA DAVIS, a social worker with Lily’s Place, a facility that
cares for opioid-exposed babies in Huntington, W.Va.*

truggling with addiction,
, don't judge them.
ing holy, pray for them.'

III.

Aftermath
Resilience
and recovery



'I am a drug addict. I let
it take my kids from me,
my home, my husband,
everything that I love.'

KAYLA RAUCK, 29,
experiencing withdrawal
symptoms in a holding
cell at the Kenton County
Detention Center on Dec. 8,
2017, in Covington, Ky.

I MISS MY
KIDS!!!







I am a counselor

**BY JASON
MERRICK**

I thought I was the bad guy, the one who ran through everyone's life, blew through everything. Finally, one day I had what we often refer to as the moment of clarity, where I admitted to my significant other that I had a problem, and I did not know what to do. I fully expected her to sever all ties and no longer speak to me. But she said, "Jason, I want you to get the help that you deserve." And that broke down the barrier to treatment, to recovery.

I had to come to terms with the shame and guilt surrounding the wreckage of my past. The lives I had impacted, the wasted time. In recovery I realized that I can use the most disgraceful, embarrassing moments in my past to empathize with other men who are coming through the program. It was almost magical—the shame became something that I could use. My past has become one of my most valuable assets in helping people today.

It really does take an army to strengthen our communities, to support men and women who are re-entering society. It's not just what we do within these walls. This is something that takes months, even years. But we can solve this. The conversations are finally shifting to solutions.

MERRICK, not pictured, is the director of inmate addiction services at the Kenton County Detention Center in Covington, Ky. The program treats inmates like these at the jail on Dec. 8, 2017



‘A lot of these people are young. They have children. And we’re trying to get them back with their families, back to working a job and contributing. But this individual relapsed. At that moment, it’s like disciplining a child you know has done something wrong. There’s a bit of sadness, but I can’t just say, “Try harder.” I have to impose a sanction.’

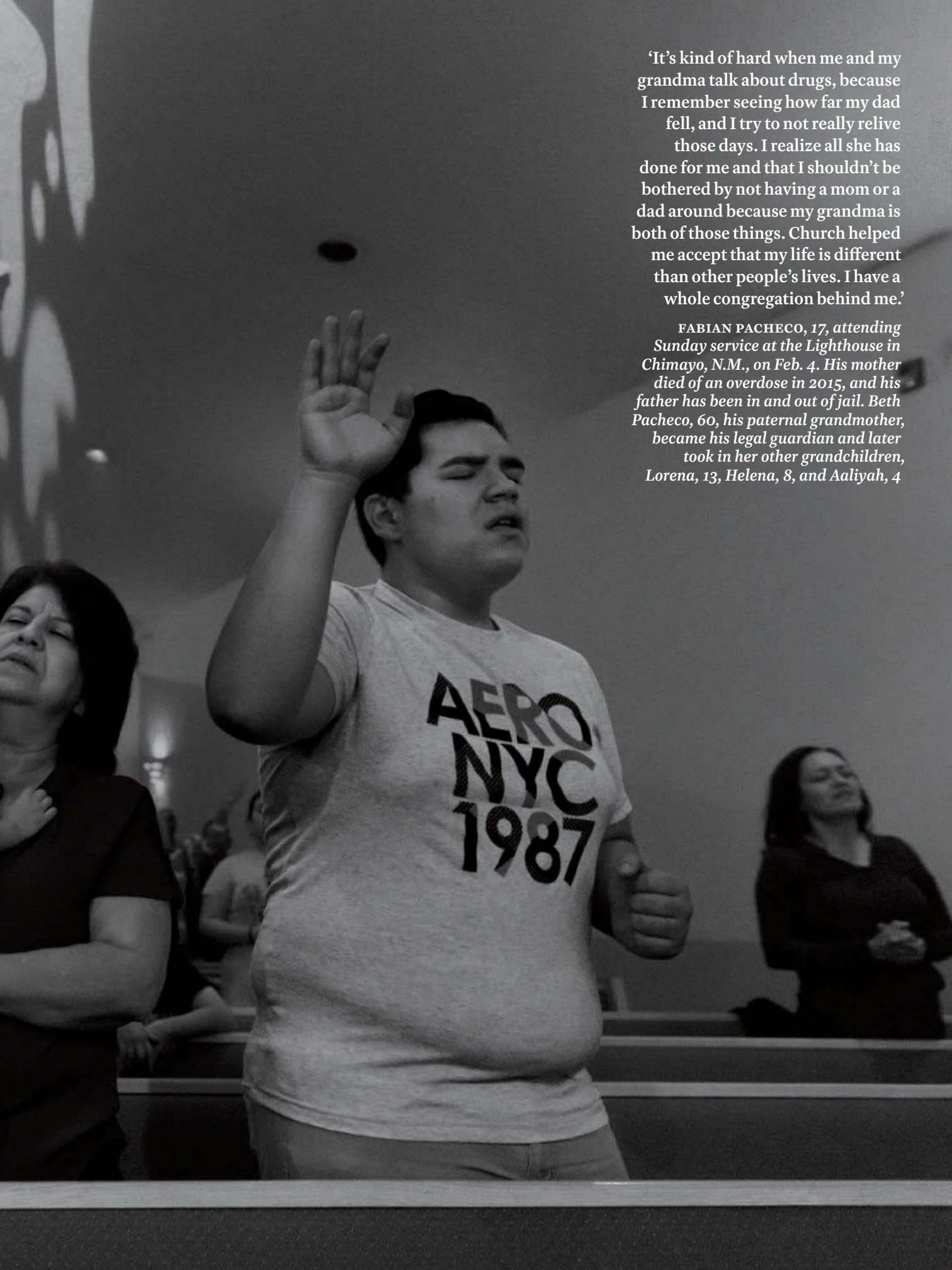
JUDGE GREGORY HOWARD JR., not pictured, presiding over the drug court in Cabell County, West Virginia, on Jan. 22. The court is designed to steer convicted felons toward treatment. Howard says Seth Dial, 33, photographed standing in court after admitting to having a relapse, has since made progress in his recovery



‘At the meeting, we’re told that we need to try to get back to our lives. It’s easier said than done.’

KATHLEEN LAKOS, 56, becoming emotional at her first support-group meeting for parents with children who have addictions, in Derry, N.H., on Feb. 14





'It's kind of hard when me and my grandma talk about drugs, because I remember seeing how far my dad fell, and I try to not really relive those days. I realize all she has done for me and that I shouldn't be bothered by not having a mom or a dad around because my grandma is both of those things. Church helped me accept that my life is different than other people's lives. I have a whole congregation behind me.'

FABIAN PACHECO, 17, attending Sunday service at the Lighthouse in Chimayo, N.M., on Feb. 4. His mother died of an overdose in 2015, and his father has been in and out of jail. Beth Pacheco, 60, his paternal grandmother, became his legal guardian and later took in her other grandchildren, Lorena, 13, Helena, 8, and Aaliyah, 4






I am a father

**BY BILLY
MERRIFIELD**

AS MY DAUGHTER STARTED GETTING older, in high school, the boyfriend thing came around. She ended up meeting one of these guys who was a user. And of course, once she hit 18, it was kind of difficult to give her direction. Anytime I confronted her, she would deny it. I mean, she was always telling me, “Dad, I made a mistake. I don’t need help. I tried it a few times. I’m going to stay away from it.” That was her constant: “Trust me, Dad, I can fight this. I can beat it.” I remember telling her one day, “I’m to the point that I’m preparing myself for getting a bad phone call about you.” So I kind of prepared myself for it.

You can be as mentally and physically tough as you want to be. I think I’ve seen a lot. I’ve probably seen a lot more than a lot of people. And I’ve experienced a ton. You can’t prepare for it, though. When it comes to your own child, I cannot express the feeling and the loss. It never gets easier. Because that void will always be there. Our children are supposed to bury us—we’re not supposed to bury them.

MERRIFIELD, 43, a captain with the Rio Arriba County sheriff’s office in New Mexico, visiting the grave of his daughter Brandi on Feb. 4. She died from a heroin overdose at age 22



‘Tomorrow I’m having my baby. She’s going to be born addicted. It takes about 48 hours for the withdrawals to start showing up. Thankfully, she’s not going to remember. But to know that I’m having a baby, and she’s going to have to feel withdrawal because of my choices—knowing that she’s going to feel pain because of my actions is horrible.’

JENNIFER MOSHER, 33, *had been using drugs when she found out she was four months pregnant. She eventually went on methadone. Mosher gave birth to a baby girl at Lawrence General Hospital in Lawrence, Mass., on Jan. 10. Her daughter, Brayleigh, is now healthy*





FIRST PERSON

What I saw

LIKE MOST PEOPLE, I'D HEARD ABOUT THE OPIOID EPIDEMIC. IT WAS ESPECIALLY hard to get my mind around a statistic from 2016: almost as many deaths from drug overdoses as in all of America's recent wars combined. But numbers are an abstraction. I had no idea what it looked like on the ground. The only way to make real sense of it, I told my editors, was to see what happens to individual human beings, one by one.

Photography can cut through abstractions and rhetoric to help us understand complex issues on a human level. Never is photography more essential than in moments of crisis. To witness people suffering is difficult. To make a photograph of that suffering is even harder. The challenge is to remain open to very powerful emotions and, rather than shutting down, channel them into the images. It is crucial to see with a sense of compassion and to comprehend that just because people are suffering does not mean they lack dignity.

Over the past 35 years, my work as a photojournalist has taken me to other countries to document wars, uprisings, natural disasters and global health crises. In revisiting my own country I discovered a national nightmare. But the people living through it aren't deviants. They are ordinary citizens, our neighbors, our family members. I don't think I met one user whom I would consider to be a bad person. No one wants to be an addict.

I also saw signs of hope, particularly from the people who are dealing with the crisis at the street level. Some of them are former users who have lifted themselves up and are using their experience to help others. They are refusing to allow our country to be defined by this problem. Instead, they are helping us define ourselves by finding solutions. We must join them. —JAMES NACHTWEY



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